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Atty. Dkt. No. 028622-0130

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Barden et al.

Title: MEANS AND METHODS FOR
DIAGNOSING AND TREATING
AFFECTIVE DISORDERS

Appl. No.: Unknown

Filing Date: 04/16/2004

Examiner: Unknown

Art Unit: Unknown

17354 U.S. PTO
10/825593



**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Nicholas BARDEN

Inge SILLABER

Marcelo PAEZ-PEREDA

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

Application Data Sheet (37 CFR 1.76) (3 pages).

Preliminary Amendment, including replacement Abstract (27 pages).

Specification, Claim(s), and Abstract (163 pages).

[X] Formal drawings (41 sheets, Figures 1a-1i, 2-15, 16a-16e, 17-18, 19a-19c, 20-24).

[X] Statement to Support Filing and Submission in Accordance with 37 C.F.R. §§1.821-1.825 (1 page).

[X] Sequence Listing (70 pages).

[X] Computer Readable Format(CRF) of Sequence Listing.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	56	- 20	= 36	\$18.00	= \$648.00
Independents	10	- 3	= 7	x \$86.00	= \$602.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee			+ \$130.00	= \$130.00	
				SUBTOTAL:	= \$2150.00
[X]		Small Entity Fees Apply (subtract ½ of above):			= \$1,075.00
				TOTAL FILING FEE:	= \$1,075.00

[X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 16, 2004

By Jayme A. Huleatt

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